

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full KAMBON.EDU				
Full Name of Contributor Barbara Motley			Registration Number, if PAC	
Street Address 4306 Portobello Dr.	Employer/Occupation/Labor Organization*		M D Y 0 9 2 0 1 0	Amount 100.00
City Columbus	State O H	Zip Code 43230	Form(Cash,Check,etc) Check	
Full Name of Contributor Maria Scott			Registration Number, if PAC	
Street Address 59 Franklin Park West	Employer/Occupation/Labor Organization*		M D Y 0 9 1 5 1 0	Amount 50.00
City Columbus	State O H	Zip Code 43205	Form(Cash,Check,etc) PayPal	
Full Name of Contributor Theresa Bland			Registration Number, if PAC	
Street Address 290 Eastmoor Blvd	Employer/Occupation/Labor Organization*		M D Y 0 9 1 7 1 0	Amount 25.00
City Columbus	State O H	Zip Code 43209	Form(Cash,Check,etc) Check	
Full Name of Contributor Cheryl A. B. Christie			Registration Number, if PAC	
Street Address 1344 Eldorn Drive	Employer/Occupation/Labor Organization*		M D Y 0 9 2 1 1 0	Amount 50.00
City Columbus	State O H	Zip Code 43207	Form(Cash,Check,etc) Check	
Full Name of Contributor Daisy James			Registration Number, if PAC	
Street Address 280 N. 21st Street	Employer/Occupation/Labor Organization*		M D Y 0 9 1 9 1 0	Amount 25.00
City Columbus	State O H	Zip Code 43203	Form(Cash,Check,etc) Cash	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ **250.00**

